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# Female Genital Mutilation

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Female circumcision, also called female genital mutilation (FGM), is a collective name given to several traditional operations performed on girls and women in 28 African countries primarily but also in Asia among some minorities. According to the Rainbo organization, FGM is an ancient custom estimated to affect 130 million girls and women; there are about 2 million new cases each year. Recently, the practice has also begun to surface within immigrant communities in Europe, Australia, Canada, and the United States ("Female Genital Mutilation: A Fact"). As you read this essay, there are between eight and ten million women and girls in the Middle East and Africa who are at risk of undergoing one form or another of genital mutilation. In the U.S., it is estimated that about ten thousand girls are at risk from this practice.

FGM is a cross-cultural and cross-religious ritual perpetuated by custom and tradition. According to the Rainbo organization, "This custom is deeply entrenched in women's and men's consciousness and is strongly associated with a standard for appropriate womanhood, promoting gender hierarchy, and regulating female sexuality" ("Female Genital Mutilation: A Fact"). FGM is often compared to male circumcision because the practices are similar in some ways. Male circumcision and FGM both involve the removal of parts of the genitalia, and the two rituals serve to exercise social control over an individual's body and sexuality. However, FGM is by far more drastic and damaging than male circumcision: "A more appropriate analogy would be to penisectomy, where the entire penis is removed" ("Female Genital Mutilation: A Fact").

According to the Hollyfeld organization, the term FGM covers three main varieties of genital mutilation. It refers to "sunna"

("tradition") circumcision, the removal of the prepuce and/or the tip of the clitoris; clitoridectomy, the removal of the entire clitoris and adjacent labia; and infibulation, the most extreme form, the removal of the clitoris and adjacent labia followed by the joining of the scraped sides of the vulva across the vagina with thorns or stitches of catgut or thread ("Female Genital Mutilation: An Introduction").

These mutilations are not only painful, but they can also be extremely unsanitary. The Hollyfeld organization reports that FGM is usually performed with unclean, sharp instruments, such as razor blades, scissors, kitchen knives, or pieces of glass. Frequently used on several girls in succession, these instruments can transmit a variety of viruses such as HIV and others. This situation would be similar to that of a doctor using the same surgical instrument on a number of women without cleaning it. Antiseptic techniques and anesthesia are generally not used ("Female Genital Mutilation: An Introduction").

Furthermore, beyond all of the obvious pain during the initial operation, FGM has long-term physiological, sexual, and psychological effects. Regardless of the type of circumcision, the consequences of this practice on women's health are extensive. Complications range from repeated urinary infections, stones in the urethra and bladder caused by the obstructions of repeated infections, growth of scar tissue at the site, cysts that vary in size from that of a pea to that of a grapefruit and require surgical removal, chronic pelvic infection resulting from obstructed menstrual flow, and pain during sexual intercourse ("Female Genital Mutilation: An Introduction").

In spite of these harmful effects, some girls undergo FGM when they are about three years old. However, the age actually varies according to the custom of the region in which the girl lives ("Female Genital Mutilation: An Introduction").

Because of the damage that FGM causes, many people wonder just why it is practiced. According to the Rainbo organization, there are many "justifications" for these practices in various cultures. People in some cultures say, for example, that FGM is essential because female genitals are unclean and will grow out from the body if not cut. Among these people, an uncut girl is unmarriageable because she is dangerous: if her clitoris touches a man's penis, the



man can die. Another rationale is that FGM is an initiation into womanhood and enhances the husband's sexual pleasure. Others say that FGM improves fertility and prevents infant and maternal mortality, fulfills a religious obligation, prevents promiscuity, upholds family honor, or provides a protection against spells ("Female Genital Mutilation: A Fact").

For many of these reasons, recent immigrants to the United States have been practicing FGM. According to the Hollyfeld organization, the "Love Surgery" was performed on women native to the United States as early as 1979. Dr. James E. Burt, the so-called Love-Surgeon, introduced "clitoral relocation," arguing that the excision did not prevent sexual pleasure but enhanced it. Practicing in Ohio for almost ten years, Dr. Burt was exposed and had to give up his license ("Female Genital Mutilation: An Introduction"). However, according to *FMF Feminist News*, this incident is not isolated in the U.S. In the Denver, Colorado area, 6,000 immigrants from African countries were found practicing FGM. One of the doctors who knew of the practice was Dr. Terry Dunn, director of a women's clinic in Denver. Dr. Dunn said that she knew of one patient on whom the surgery had clearly been performed in this country. Dunn also claimed that she had been seeing a mutilation case approximately every three months ("Female Genital Mutilation Prevalent").

Today, the United States is making efforts to abolish the practice both at home and abroad. "The United Nations, UNICEF, and the World Health Organization have considered FGM to be a violation of human rights and have made recommendations to eradicate this practice" ("Female Genital Mutilation: An Introduction"). Yet the problem in other countries is that governments have no way of monitoring the spread and practice of FGM because it is widely practiced in remote places where the government does not have easy access. Consequently, anthropologists, educators, social scientists, and activists have to go into remote areas to educate practitioners about the dangers of FGM. "Female Genital Mutilation can only be abolished by a grassroots approach, which takes into consideration all aspects of a particular culture and tries to work within

that system to eradicate this no less than torturous practice” (“Female Genital Mutilation: An Introduction”).

One success story is that of the women in the remote village of Malicounda in Bambara, Senegal. According to Niyla, these women abandoned FGM after taking classes offered by the government, religious groups, U.N. agencies, and the non-governmental organization TOSTAN. As part of an anti-FGM awareness campaign, the classes focused on the harmful and negative effects of the practice. One Malicoundra woman commented, “We do not want any more blood, any more suffering for our girls on their wedding nights, no more girls dying from infection, hemorrhage or AIDS caused by excision” (Niyla). Another Malicoundra resident said, “We studied the rights of the individual and we focused on the right to health that involves a woman’s freedom to make a decision about her body and to keep her body intact” (Niyla).

Although this effort in Malicoundra has been successful, there is still much work to be done. By educating ourselves and others, we can begin acting upon the notion that FGM is violence against women and is therefore intolerable. Although FGM is widespread, many people are still unaware of the existence of this practice. Only awareness can bring this inhumanity to a halt.

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